631

Jeong H J[1]
1. *Departments of Urology, Wonkwang University School of Medicine, Iksan, Korea*

TREATMENT OUTCOMES AND RECURRENCE OF BLADDER PAIN SYNDROME/INTERSTITIAL CYSTITIS TREATED WITH LOW DOSE TRIPLE THERAPY USING GABAPENTIN OR PREGABALIN, AMITRIPTYLINE, AND NON-STEROIDAL ANTI-INFLAMMATORY DRUGS

Hypothesis / aims of study
To investigate the long-term treatment outcomes, recurrence, adverse effects, and prognostic factors in patients with bladder pain syndrome/interstitial cystitis (BPS/IC) treated by low dose triple therapy of gabapentin (or pregabalin), amitriptyline, and non-steroidal anti-inflammatory drugs (NSAIDs) for ≥ 3 months

Study design, materials and methods
Of this patients receiving gabapentin (or pregabalin), amitriptyline, and NSAIDs for ≥ 3 months, we retrospectively reviewed the medical records of 113 patients, who were asked to define their level of pain by using the visual analog scale (VAS).

Results
A total of 113 patients (24 men and 89 women) were evaluated. The average clinical follow-up period was 23.6 months. The average VAS score at baseline was 6.3 points. After treatment, the mean VAS score was 2.5, 1.8, 1.9, 1.7, 1.8, and 1.2 points at 3, 6, 12, 24, 36, and 48 months, respectively.

Interpretation of results
According to the treatment response (response rate, 82.3%; 93/113), CR, PR, MR, variable response, and progression were observed in 58.4% (66/113), 21.2% (24/113), 2.7% (3/113), 16.8% (19/113), and 0.9% (1/113) of patients, respectively. Overall, recurrence was observed in 18.3% (17/93) of all patients, whereas it was noted in 21.2% (14/66), 12.5% (3/24), and 0% (0/3) of patients classified as CR, PR, and MR, respectively.

Concluding message
The VAS scores showed statistically significant reductions until 6 months after treatment. Therefore, the low dose triple therapy should be maintained for ≥ 6 months. Since the 1-year overall recurrence rate was 18.3%, clinical follow-up should be thoroughly conducted, and treatment should be re-initiated immediately after the recurrence occurs.

Disclosures
Funding: No **Clinical Trial:** Yes **Public Registry:** No **RCT:** No **Subjects:** HUMAN **Ethics Committee:** IRB of Wonkang university hostpital **Helsinki:** Yes **Informed Consent:** Yes